



D&S Residential Services, Inc.

Notice of Privacy Practices

Health Insurance Portability and Accountability Act of 1996
("HIPAA")

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

UNDERSTANDING YOUR HEALTH INFORMATION:

When you receive treatment or services from D&S Residential Services, Inc., we will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care.

The following Notice tells you about our duty to protect your health information, your privacy rights, and how we may disclose your health information.

D&S RESIDENTIAL SERVICES, INC.'S DUTIES:

- The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this Notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.
- We will ask you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this Notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you to the Privacy Officer of D&S Residential Services, Inc., providing the date and purpose of the permission and saying that you want to revoke it.
- We are required to give you this Notice of our legal duties and privacy practices, and we must do what this Notice says. We will ask you to sign an acknowledgement that you have received this Notice. We can change the contents of this Notice, and if we do, we will have copies of the new Notice at our facilities and on our website, www.dsresidential.com. The new Notice will apply to all health information we have, no matter when we received or created the information.
- Our employees must protect the privacy of your health information as part of their jobs. We will not let our employees see your health information unless they need it as part of their jobs. We will punish employees who do not protect the privacy of your health information.
- We will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome, also known as AIDS, without your specific written permission, unless the law allows us to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

YOUR PRIVACY RIGHTS AT D&S RESIDENTIAL SERVICES, INC.:

You have the right to:

1. Receive a copy of this Notice of Privacy Practices from us upon admission or anytime upon request.
2. Review or request a copy of the health information that we have about you. Under federal law, however, you may not review or copy psychotherapy notes, information gathered in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some cases, you can appeal a decision to deny access to your health information. You can choose to get a summary of your health information instead of a copy. If you request a summary or a copy of your health information, you may have to pay a reasonable fee for it.
3. Ask us to correct information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information. However, we reserve the right not to agree to the correction and will tell you why if we do not agree.
4. Receive a list of the disclosures of your health information that we made to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
5. Request that we limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in cases of emergency. We cannot agree to limit the uses or sharing of information that are required by law.
6. Request to receive communications of your health information in private. You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable.
7. Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, and in cases where other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Treatment: We can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

Payment: We can use or disclose your health information to obtain payment for providing health care to you.

Health Care Operations: We can also use your health information for health care operations, including but not limited to:

- Activities to improve health care, evaluating programs, and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, performance of health care professionals and others;
- Conducting training programs and resolving internal grievances;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions; and
- Engaging in business planning and management or general administration.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

Unless you are receiving treatment for alcohol or drug abuse, D&S Residential Services, Inc. may use and/or disclose your medical information without your permission for the following purposes:

When Required By Law. We may use or disclose your health information as required by state or federal law.

To Report Suspected Child Abuse or Neglect. We may disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

To Address a Serious Threat to Health or Safety. We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

For Research. We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.

To a Governmental Authority if it is Reported That You Are a Victim of Abuse. We may disclose your health information to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights.

For Public Health And Health Oversight Activities. We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.

To Comply With Legal Requirements. We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.

For Purposes Related To Death. If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. We may also disclose information about you for burial purposes, including grave marker inscription, unless you tell us not to.

If You Are In The Criminal Justice System. We may disclose your health information to other state agencies involved in your treatment, rehabilitation, or supervision.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. An example would be a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

For Governmental Benefit Programs. We may use or disclose your health information to obtain payment from a governmental benefit program, such as Medicaid, for services provided to you.

To Your Legally Authorized Representative (LAR). We may share your health information with a person that the law allows to represent your interests.

If You Are Receiving Services for Mental Retardation. We may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, in accordance with the Persons with Mental Retardation Act, unless you tell us not to.

In Judicial and Administrative Proceedings. We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena, or other lawful process that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:

- Commitment proceedings for involuntary commitment for court-ordered treatment or services.
- Court-ordered examinations for a mental or emotional condition or disorder.
- Proceedings regarding abuse or neglect of a resident of an institution.
- License revocation proceedings against a doctor or other professional.

For National Security. We will disclose your health information if necessary for national security and intelligence activities on behalf of the United States.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

To the Secretary of Health and Human Services. We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

SPECIAL PROVISIONS FOR ALCOHOL AND DRUG ABUSE:

If you are also being treated for alcohol or drug abuse, D&S Residential Services, Inc. will not tell any unauthorized person outside of D&S Residential Services, Inc. that you have been admitted to D&S Residential Services, Inc. or that you are being treated for alcohol or drug abuse, without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law.

D&S Residential Services, Inc. may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations, Part 2, Subpart E;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit or program evaluation;
- To report suspected child abuse or neglect;
- To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission.

Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions about this Notice or would like additional information, you may contact our Privacy Officer at the telephone or address listed below.

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at D&S Residential Services, Inc. or with the Secretary of the Department of Health and Human Services as follows:

D&S Residential Services, Inc.

Natalie McKenna
Privacy Officer
225 South Commons Ford Rd.
Austin, TX 78733
Tel: (512) 327-2325
Fax: (512) 327-5355

For privacy violations that occurred in Texas:

U.S. Department of Health and Human Services

Office for Civil Rights
1301 Young Street, Suite 1169
Dallas, TX 75202
Tel: (214) 767-4056
Fax: (214) 767-0432
<http://www.hhs.gov/orc>

For privacy violations that occurred in Tennessee:

U.S. Department of Health and Human Services

Office for Civil Rights
61 Forsyth Street, SW, Suite 3B70
Atlanta, GA 30323
Tel: (404) 562-7886
Fax: (404) 562-7881
<http://www.hhs.gov/orc>

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy right.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney’s Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

D&S Residential Services, Inc. will not retaliate against you if you file a complaint.

Effective: April 14, 2003

Last Revised: May 6, 2005